



BIOGRAPHICAL/RESIDENCY DATA UPDATE FORM

PLEASE INDICATE ALL COLLEGES ATTENDED

NLC NVC PAC SAC SPC

(ALL CHANGES REQUIRE VALID PICTURE ID)

Please Print Clearly

STUDENT NAME: \_\_\_\_\_

STUDENT ID: \_\_\_\_\_

CHECK ITEM(S) TO BE CHANGED

SOCIAL SECURITY NUMBER - Requires SSN card

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

STUDENT NAME - Requires valid court document (divorce decree, name change) or marriage license

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

TELEPHONE (Available on Student Self-Service)

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

CELL HOME BUSINESS

CELL HOME BUSINESS

ADDRESS/RESIDENCY (Available on Student Self-Service) - Student must provide appropriate documentation for Residency reclassification

PERMANENT

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

STREET \_\_\_\_\_

STREET \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

LOCAL

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

STREET \_\_\_\_\_

STREET \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PREFERRED E-MAIL (Available on Student Self-Service)

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

DATE OF BIRTH

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

(mm-dd-yyyy)

(mm-dd-yyyy)

GENDER

FROM: MALE FEMALE NOT DISCLOSED

TO: MALE FEMALE NOT DISCLOSED

ETHNICITY (White Non-Hispanic, African American, Hispanic, Asian or Pacific Islander, American Indian/Alaska Native, Other)

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

Student Signature

Date

For Office Use Only

Scanned Date

Initials